Domestic Violence Offender Program Observation Form

OBSERVER NAME & TITLE: _______________________________________________________________

NAME OF PROGRAM: __________________________________________________________________

LOCATION OF PROGRAM: _________________________________________________________________

MEETING WITH PROGRAM STAFF?    Y / N

NAMES/ ROLES OF STAFF (IF APPLICABLE): __________________________________________________
_____________________________________________________________________________________

PROGRAM OBSERVATION DATE & TIME: _____________________________________________________

How many sessions long is the program? __________

Was the group co-facilitated?     Y / N

Male/female facilitation team?     Y / N

How many participants were in the group? _________

Participants were: men only / women only / both men and women
How long is each group session? ____________

Please describe the fees for participation, and how these are collected:

Did the group facilitator(s) seem knowledgeable about the dynamics of intimate partner violence, and communicate his/her knowledge clearly throughout the group session?

Did the facilitator(s) challenge victim blaming and participants’ efforts to shift responsibility for their abusive behavior in a constructive way?

Did the group process demonstrate respect for the experiences of the offenders’ partners and their children?

Were the participants engaged and challenged by the facilitator(s) in a respectful and professional manner that forced participants to think critically about their own and other group members’ behaviors and attitudes?

Did the facilitator(s) use a structured curriculum that addressed ALL aspects of intimate partner abuse, including sexual, economic, psychological, and emotional abuse? Y / N

Please describe the curriculum.

Does the program utilize homework assignments? Y / N If so, how are they used?
Were the facilitator(s) comfortable discussing sexuality and sexual abuse, going beyond rote phrases like “no means no” to encourage participants to think critically about their own sexual behaviors and the power dynamics involved in sexual activity?

Did the group facilitator(s) and/or program administrator enforce a lateness and attendance policy?  Y / N  Please describe the policy and its enforcement.

Does the program have a clear protocol in place for communicating updates about offenders’ compliance to the court or referring agency?  Y / N  If so, please describe.

Does the program have a protocol for partner contact?  Y / N

Does the program have an established relationship with a victim services provider?  Y / N  If so, please describe.

Does the program offer groups in any languages other than English?  Y / N  If so, which language(s)? _____________________________________________________________

Does the program offer separate groups for women and/or individuals who identify as lesbian, gay, bisexual, queer, or transgender?  Y / N  If so, please describe.

Please share any additional comments: